

CITY OF MORGAN HILL

PUBLIC RECORDS/INFORMATION REQUEST

DATE:	PHONE:
NAME:	FAX:
MAILING ADDRESS (Address where records are to be mailed):   	EMAIL:

**INFORMATION NEEDED:** For each record, describe type, date, subject, title, etc. *Please be very specific.*

**YOUR REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE PUBLIC RECORDS ACT.**

*California Government Code Section 6253. Right to copy of identifiable public records; Time limits "Any person may receive a copy of any identifiable public record or copy thereof. Upon request, an exact copy shall be provided unless impracticable to do so. Computer data shall be provided in a form determined by the agency. Each agency, upon any request for a copy of records shall determine within 10 days after the receipt of such request whether to comply with the request and shall immediately notify the person making the request of such determination and the reasons therefor.*

**Cost for copies:**

(4 cents per page)

(Video tape: \$2.42, plus any mailing cost)

Amount: \$\_\_\_\_\_ (To be determined)

Payment received: \_\_\_\_ check \_\_\_\_ cash

**Copies provided via:**

\_\_\_\_ Mail \_\_\_\_ Fax \_\_\_\_ Email

**WILL CALL BOX**

Deadline for Pick Up: \_\_\_\_\_

**Request Completed by:**

Staff Name: \_\_\_\_\_ Department: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

**THANK YOU FOR YOUR INTEREST IN OUR CITY'S RECORDS.  
YOU WILL BE CONTACTED WHEN THE INFORMATION IS READY.**